

UNOFFICIAL COPY



Doc#: 0622247111 Fee: \$34.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/10/2006 11:58 AM Pg: 1 of 6

AFFIDAVIT OF OWNERSHIP FOR UNPROBATED ESTATE

I, Cynthia M. Jarmon, Pamela Weathersby and Isaac J. Weathersby Jr., hereby affirm as follows:

Whereas, the common address, legal description, and permanent index number of the property in question are:

See Attachment A

Whereas, the names of the record owners of this property are:

Isaac J. Weathersby and Eda M. Weathersby

Whereas, the record owners, Isaac J. Weathersby and Eda M. Weathersby are now deceased, as evidenced by the death certificates attached to this affidavit as Attachment B.

Whereas, the affidavit of heirship attached to this affidavit as Attachment C indicates that the following persons are heirs of the deceased record owner of the property:

Cynthia M. Jarmon
Pamela Weathersby
Isaac J. Weathersby, Jr.

Whereas, if the deceased record owner had a will, said will is attached to this affidavit, said will devised the land to the following persons:

Cynthia M. Jarmon
Pamela Weathersby
Isaac J. Weathersby, Jr.

UNOFFICIAL COPY

Whereas, if the undersigned affiant own the above-described land by virtue of one or more deeds executed by one or more heirs or legatees under a will, said deed or deeds have been placed of record.

Therefore, I, the undersigned hereby affirms that I am now the owner of the above described property.

Dated this 18th day of January, 2005

Isaac Weatherly Jr
COOK COUNTY
Pamela Weatherly
Affiant

SUBSCRIBED and SWORN to before me
This 18 day of January, 2005
Margie Sass NOTARY PUBLIC



Cook County Clerk's Office

UNOFFICIAL COPY

File No. 0603388

Exhibit "A"

The North 7 feet of Lot 43 and all of Lot 44 in Block 4 in Resubdivision of Blocks 2 and 3 in Sisson's Subdivision and Blocks 1 and 4 in Gilbert's Subdivision, all in the Northeast Quarter of the Southwest Quarter of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

**Commonly Known As: 8411 South Ada Chicago, IL 60620
Parcel Number: 20-32-312-004-0000**

Property of Cook County Clerk's Office

Lawyers Title Insurance Corporation

UNOFFICIAL COPY

AT

EVERGREEN PARK, ILLINOIS

REGISTRAR

DATE DECEMBER 5 2002

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

REGISTRATION DISTRICT NO. 16:33 REGISTERED NUMBER 754

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME FIRST MIDDLE LAST

1. COUNTY OF DEATH ISAAC WEATHERSBY SEX 2. MALE DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 2, 2002

4. COOK AGE-LAST BIRTHDAY (YRS) 5a. 68 5b. 68 5c. 68 UNDER 1 DAY UNDER 1 DAY UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 6. SEPTEMBER 10, 1934

6a. EVERGREEN PARK CITY AND STATE OR FOREIGN BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

6b. LITTLE COMPANY OF MARY HOSPITAL, NAME OF SURVIVING SPOUSE (MARRIED, WIFE)

10. 429 5812322 SOCIAL SECURITY NUMBER 11a. Terway 11b. Publishing Co. 12. 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 9

13a. 8411 SOUTH ADA 13b. CHICAGO 13c. YES 13d. COOK RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD, DISTRICT, AND NO. INSIDE CITY COUNTY

13e. ILLINOIS 13f. 60620 14a. 14b. 14c. 14d. 14e. 14f. 14g. 14h. 14i. 14j. 14k. 14l. 14m. 14n. 14o. 14p. 14q. 14r. 14s. 14t. 14u. 14v. 14w. 14x. 14y. 14z. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MARRIED) LAST

15. Willie Weatherberry Mary Higgins INFORMANT'S NAME (TYPE OR PRINT)

17a. SANDRA MCILLIAN/CLERK 17b. RECORDS 17c. EVERGREEN PARK, ILLINOIS 60805 RELATIONSHIP TO DECEASED MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP)

18. PART I Immediate Cause (final disease or condition resulting in death) (a) Sepsis (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death, including the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY MAJOR TENDINGS OF OPERATION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) 22b. DATE SIGNED (MONTH, DAY, YEAR)

22c. SIGNATURE OF PHYSICIAN (TYPE OR PRINT) 22d. DATE SIGNED (MONTH, DAY, YEAR)

23. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT)

24a. FUNERAL HOME NAME 24b. STREET AND NUMBER OR R.F.D. 24c. CITY OR TOWN 24d. STATE 24e. ZIP

25a. FUNERAL DIRECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE

26a. DATE REGISTERED (MONTH, DAY, YEAR)

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

MEDICAL CERTIFICATE OF DEATH

DISTRICT NUMBER **16.90**
 REGISTERED NUMBER
 RECEIVED-NAME
 COUNTY OF DEATH **COOK**
 CITY, TOWN, TWP. OR ROAD, DISTRICT NUMBER
 CHICAGO

EDWARD MARI WEATHERSBY
 AGE-LAST BIRTHDAY (YRS) **66**
 UNDER 1 YEAR
 UNDER 1 DAY
 DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 9, 1936**
 SEX **FEMALE**
 DATE OF DEATH (MONTH, DAY, YEAR) **MAY 19, 2002**
 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NETHER, GIVE STREET AND NUMBER)
8411 S ADA CHICAGO

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
GREENVILLE MS
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a MARRIED
 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF F)
ISAAC J WEATHERSBY
 SOCIAL SECURITY NUMBER
426-58-6530
 TYPE OF BUSINESS OR INDUSTRY
11a OFFICE
 EDUCATION (SPECIFY COLLEGE, STATE COLLEGE, UNIVERSITY, SENIORITY (0-12)
12 12
 INSIDE CITY (YES/NO)
13c YES
 COUNTY
COOK
 WAS DECEASED IN A HOSPICE OR NURSING HOME?
9. NO

10. RESIDENCE (STREET AND NUMBER)
411 S ADA
 CITY, TOWN, TWP. OR ROAD, DISTRICT NO.
CHICAGO
 ZIP CODE
60620
 RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, HISPANIC ORIGIN)
14a BLACK
 OF HISPANIC ORIGIN? (SPECIFY AND OR YES, IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
14b X NO
 MOTHER-NAME FIRST MIDDLE LAST
VENUS MCDONALD

15. DECEASED'S NAME (TYPE, OCCUPATION)
PHILLIP HUNTER
 RELATIONSHIP
DAUGHTER
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP)
8411 S ADA CHICAGO, ILL. 60620

16. DECEASED'S NAME (TYPE, OCCUPATION)
CYNTHIA JARMON
 RELATIONSHIP
DAUGHTER
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP)
8411 S ADA CHICAGO, ILL. 60620

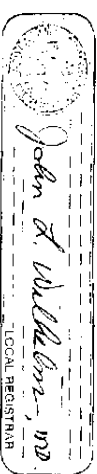
17. CAUSE OF DEATH (Final Impression Cause (Final diagnosis or condition resulting in death))
MASSIVE MYOCARDIAL INFARCTION
 (Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.)
 (a) DUE TO OR AS A CONSEQUENCE OF
 (b) DUE TO OR AS A CONSEQUENCE OF
 (c) DUE TO OR AS A CONSEQUENCE OF

18. DATE OF OPERATION, IF ANY
 MAJOR FINDINGS OF OPERATION
 19a. AUTOPSY (YES/NO)
 19b. WERE AUTOPSY FINDINGS SIGNIFICANT TO OCCURRENCE OF CAUSE OF DEATH?
 19c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
 20c. YES NO

19. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)
Robert J. Weston, M.D.
 TYPE OF PHYSICIAN
 DATE SIGNED (MONTH, DAY, YEAR)
5/19/02
 ILLINOIS LICENSE NUMBER
36-5554

20. NAME OF FUNERAL HOME
CHARLES JACKSON FUNERAL HOME, 7350 S COTTAGE GROVE AV, CHICAGO ILLINOIS 60619
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
34-011492
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
MAY 23 2002

21. LOCAL REGISTRAR'S SIGNATURE
John A. Wilhelm, M.D.
 LOCAL REGISTRAR
 THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



John A. Wilhelm, M.D.
 LOCAL REGISTRAR

MAY 23 2002

I, JOHN A. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

